

PURPOSE

Standardization of infection control process in the Michigan Department of Health and Human Services (MDHHS) hospitals.

DEFINITIONS**Centers for Disease Control and Prevention (CDC)**

A federal agency whose mission is to protect public health by preventing and controlling disease, injury, and disability.

Centers for Medicare and Medicaid Services (CMS)

A federal agency, within the U.S. Department of Health and Human Services, that administers Medicaid, Medicare, Children's Health Insurance Program (CHIP) and the federal health insurance marketplace.

Community Health Emergency Coordination Center (CHECC)

The primary point of command for coordinating state emergency response and recovery activities. The primary function of the CHECC is to support the State of Michigan Emergency Operations Center by providing real-time public health information, subject matter expertise, and strategic countermeasure distribution.

Food and Drug Administration (FDA)

A federal agency, within the U.S. Department of Health and Human Services, responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices. Their regulatory authority includes regulatory oversight of prescription and nonprescription medication and vaccines.

Local Health Departments (LHD)

County and regional entities that can identify potential outbreaks based on available data and public reporting and develop local policies and procedures regarding outbreak investigations.

Michigan Bureau of Infectious Disease and Prevention

Provides support and consultation to LHDs and health care professionals. Collects and analyzes data on communicable diseases and shares with the health care community. Develops programs and strategies to control communicable diseases.

Michigan Occupational Safety and Health Administration (MIOSHA)

Sets and enforces occupational safety and health standards.

Standard Precautions

Safeguards which constitute the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and healthcare personnel. Based on the principle of potential infectious agent exposure blood, all body fluids, secretions, and excretions (except sweat) regardless of whether they contain visible blood, non-intact skin and mucous membranes. Infection prevention practices includes hand hygiene, personal protective equipment (PPE) such as gloves, facemask, goggles/eye visor or face shield, gown.

Transmission Based Precautions

Based on airborne, droplet and contact modes of transmission and used when standard precautions alone are insufficient. These precautions include the following:

- **Airborne Precautions**
 - Used in patients with known or suspected infection with pathogens that are spread by airborne transmission, such as airborne droplet nuclei (small-particle residue [5 um or smaller in size] of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent.
 - Affected patients should be placed in a either a negative pressure isolation room or a private room and doors must always remain closed. Patients with the same pathogen may be cohorted in the same room.
 - PPE - Respirators that filter at least 95 percent of airborne particles must be worn over the nose and mouth (such as an N95 respirator or powered air-purifying respirator [PAPR]).
- **Droplet Precautions**

- Used in patients with known or suspected infection with pathogens spread by droplet transmission. Droplets are particles of respiratory secretions +/- 5 microns. Droplets remain suspended in the air for limited time periods. Transmission is associated with exposure within three to six feet (one to two meters) of the source.
- Private rooms are preferred but may be cohorted with another patient with the same active infection.
- PPE - Surgical masks should be worn while within 6 feet of the patient.
- **Contact Precautions**
 - Used in patients with known or suspected infection or colonization with pathogens spread by direct and indirect patient contact. Indirect patient contact occurs when physical contact is made with items or surfaces in the patient's environment.
 - Private rooms are preferred but may be cohorted with another patient with the same active infection.
 - PPE - Gloves and gowns should be donned before entering the patient's room and removed before leaving. Hand hygiene should be performed immediately afterward. Care should be taken not to touch any potentially contaminated surface upon leaving the room.

POLICY

1. Each hospital will operationalize this policy in the context of a set of written procedures developed and updated by an infection control committee guided by the following standards, statutes, rules, regulations:
 - CDC
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>
 - CMS
<https://www.cms.gov/About-CMS/About-CMS>

- MDHHS Division of Communicable Disease
<https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/diseasesandimmunization/overview-of-the-division-of-communicable-disease>
 - CHECC
<https://www.michigan.gov/mdhhs/safety-injury-prev/publicsafety/betp>
 - MIOSHA
<https://www.michigan.gov/leo/bureaus-agencies/miosha>
 - Association for Professionals in Infection Control and Epidemiology
<https://apic.org/>
2. Each hospital must monitor process and controls as appropriate to pertinent standards, statutes, rules, regulations.
 3. Each hospital must review process and controls to make decisions to improve infection control.
 4. When caring for patients diagnosed with an infectious disease, it will be the responsibility of each hospital to follow designated treatment guidelines and to determine when to transition from Standard Precautions to Transmission Based Precautions, to initiate appropriate isolation or quarantine spaces when needed and to ensure that all staff has been trained and issued the correct personal protective equipment as required.
 5. When a Public Health Emergency due to an infectious etiology is declared by either state or federal entities, each hospital must operationalize a response that will reconcile with all regulatory agencies. This includes, but may not be limited to, MDHHS Public Health Administration, the Michigan Bureau of Infectious Disease and Prevention, any guidance promulgated by hospital's local health department, policies promulgated by the CHECC, as well as CDC, FDA, CMS and MIOSHA guidelines and regulations.
 6. When a Public Health Emergency is declared due to an infectious etiology, SHA central office may assume general response and coordination as determined appropriate by the department.

CONTACT

For more information, contact the State Hospital Administration.